

3086

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index - - No. 308	
1. County <u>Pima</u>	District <u>Tucson</u>	County Registrar's No. <u>908</u>	
Town or City <u>Tucson</u>		Local Registrar's - No. <u>908</u>	
No. <u>520 N 9th ave</u>		St. <u>      </u> Ward <u>      </u>	
(If death occurred in a hospital or institution, give its NAME instead of street and number)			
2. FULL NAME <u>Salvador Sanchez</u>			
(a) Residence. No. <u>      </u> St. <u>      </u> Ward <u>      </u>			
(Usual place of abode)			
Length of residence in city or town where death occurred <u>50</u> yrs. <u>  </u> mos. <u>  </u> ds. How long in U. S., if of foreign birth <u>50</u> yrs. <u>  </u> mos. <u>  </u> ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>M</u>	4. COLOR or RACE <u>Latin</u>	5. SINGLE, MARRIED, WID-OWED or DIVORCED <u>Widowed</u>	
(write the word)			
5a. If married, widowed, or divorced HUSBAND of <u>Amelia Gaudium</u> (or) WIFE of <u>      </u>			
6. DATE OF BIRTH (month, day and year) <u>1850</u>			
7. AGE <u>76</u>	Years <u>      </u>	Months <u>      </u>	Days <u>      </u>
IF LESS than 1 day <u>      </u> hrs. or <u>      </u> min.			
8. OCCUPATION OF DECEASED <u>Laborer</u>			
(a) Trade, profession, or particular kind of work			
(b) General nature of industry, business, or establishment in which employed (or employer)			
(c) Name of employer			
9. BIRTHPLACE (city or town) <u>Guaymas</u> (State or country) <u>Sonora Mexico</u>			
10. NAME OF FATHER <u>Unknown</u>			
11. BIRTHPLACE OF FATHER (city or town) <u>"</u> (State or country) <u>"</u>			
12. MAIDEN NAME OF MOTHER <u>Josefa Lopez</u>			
13. BIRTHPLACE OF MOTHER (city or town) <u>Guaymas</u> (State or country) <u>Sonora Mexico</u>			
14. Informant (Address) <u>Victor Sanchez</u>			
15. Filed <u>12/10, 1926</u> <u>2621 29 Schuchel</u> Registrar			
V. S. No. 1			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>12-9</u> 19 <u>26</u>			
17. I HEREBY CERTIFY, That I attended deceased from <u>Dec 1</u> , 19 <u>24</u> to <u>Dec 9</u> , 19 <u>26</u> , that I last saw him alive on <u>Dec 6</u> , 19 <u>24</u> , and that death occurred, on the date stated above, at <u>3 AM</u> . The CAUSE OF DEATH* was as follows: <u>Diabetes Mellitus</u>			
(duration) <u>2</u> yrs. <u>  </u> mos. <u>  </u> ds.			
CONTRIBUTORY <u>Diabetes Mellitus</u> (Secondary) (duration) <u>2</u> yrs. <u>  </u> mos. <u>  </u> ds.			
18. Where was disease contracted <u>      </u> if not at place of death? <u>      </u>			
Did an operation precede death? <u>No</u> Date of <u>      </u>			
Was there an autopsy? <u>No</u>			
What test confirmed diagnosis? <u>Clinical</u>			
(Signed) <u>D. J. Moran</u> , M. D.			
19 (Address) <u>12/10-26/ Tucson</u>			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Holy Sepulchre</u>		DATE OF BURIAL <u>12-10-26</u>	
20. UNDERTAKER <u>Tucson Und Co</u>		ADDRESS <u>Tucson</u>	